

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K62834** (2)

1. Corporation Name  
**STUART INTERNATIONAL CORP.**

Principal Place of Business <b>7601 S.W. LOST RIVER ROAD STUART FL 34997 US</b>	Mailing Address <b>7601 S.W. LOST RIVER ROAD STUART FL 34997-7225 US</b>
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2. Principal Place of Business 21 <b>8325 NW 53 Street</b>		2a. Mailing Address 26 <b>8325 NW 53 Street</b>		3. Date Incorporated or Qualified <b>02/02/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. 22 <b>Suite 201-A</b>		Suite, Apt. #, etc. 27 <b>Suite 201-A</b>		4. FEI Number <b>59-1706070</b>	Applied For Not Applicable
City & State 23 <b>Miami, FL</b>		City & State 28 <b>Miami, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33166</b>		Zip 29 <b>33166</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTIN TABOR & ASSOCIATES**  
**7601 S.W. LOST RIVER ROAD**  
**SUITE 1612**  
**STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name <b>Martin Tabor &amp; Associates</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8325 NW 53 Street</b>
83 Suite, Apt. #, etc. <b>Suite 201-A</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33166</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TABOR, MARTIN A.</b>		1.2 NAME	
STREET ADDRESS <b>7320 SW 148 ST</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/22/97** DAYTIME PHONE: **305 471 7769**

CR2E034 (9/96)